



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 5
77 WEST JACKSON BOULEVARD
CHICAGO, IL 60604-3590

REPLY TO THE ATTENTION OF:

May 17, 1994

BOURN & KOCH MACHINE TOOL CO
ATTN RONALD WALKER
2500 KISHWAUKEE
ROCKFORD IL 61108

RECEIVED
WMD RECORD CENTER

MAY 20 1994

RE: US EPA ID Number ILD 005 163 027
Location: 2500 KISHWAUKEE
ROCKFORD IL 61108

In response to your correspondence of APRIL 7, 1994, the following
information has been updated:

INSTALLATION CONTACT TO
GENERATOR STATUS CHANGE TO
ADDITION OF WASTE CODE

RONALD WALKER
CONDITIONALLY EXEMPT
D001

If you have any questions, please call me at (312) 886-6173.

Sincerely,

Sharon Kiddon
RCRA Notifications Coordinator
Waste Management Division

cc: State Agency
File



Printed on Recycled Paper

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

APR 07 1994

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

ILD005163027

II. Name of Installation (Include company and specific site name)

Bourn & Koch-Machine Tool Co.

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2500 Kishwaukee

Street (continued)

City or Town

Rockford

State

ZIP Code

IL 61108-

County Code

County Name

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

Same

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

Walker

(first)

Ronald

Job Title

Maintenance Supv.

Phone Number (area code and number)

815-965-4013

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing

☒
☐

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Lawrence W Bourn Lloyd L Koch

Street, P.O. Box, or Route Number

2500 Kishwaukee Street

City or Town

Rockford

State

ZIP Code

IL 61104-

Phone Number (area code and number)

815-965-4013

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

X

(Date Changed)

Month

Day

Year

2010305131

MAY 04 1994

SLP

EPA Form 8700-12 (Rev. 9-92) Previous edition is obsolete.

| RECORD OF COMMUNICATION | | <input checked="" type="checkbox"/> PHONE CALL <input type="checkbox"/> DISCUSS <input type="checkbox"/> FIELD TRIP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> OTHER (SPECIFY) | |
|--|---|---|-------------|
| PERSON CONTACTED | | (Record of item checked above) | |
| <p><i>Gene Wartgow</i></p> | <p>FROM: <i>BOURN & KOCH MACHINE TOOL CO.</i></p> | <p>DATE <i>3/28/86</i></p> | <p>TIME</p> |
| <p>SUBJECT <i>ILD005163027 is located on the same site as Bourn and Koch Machine Tool.</i></p> | | | |
| <p>SUMMARY OF COMMUNICATION</p> <p><i>Mr. Wartgow states that ILD005163027, Rockford Machine Tool Company, only occupied this site, and are now gone from this location. This company has nothing, whatsoever to do w/ Rockford, and he would like our records to indicate so.</i></p> <p><i>Bourn & Koch is the name of the new facility, and we should update our records to indicate this also.</i></p> | | | |
| <p>CONCLUSIONS, ACTION TAKEN OR REQUIRED <i>Mail out a Reacknowledgement form. Revise/Update Maintenance sheets to change owner/operator status, and contact person. Also delete Waste Codes 5007, F001, F005, D008 and 4226.</i></p> <p><u>ACTION TAKEN:</u> <i>- ALL THE ABOVE.</i> <i>- ACKNOWLEDGEMENT MAILED 3/28/86</i></p> | | | |
| <p>INFORMATION COPIES TO: <i>Copy Sent to State 3/28/86</i> <i>Rita Marion</i></p> | | | |

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.



U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

NP

RECEIVED

FEB 06 1986

PLEASE PLACE LABEL IN THIS SPACE
U.S. EPA, REGION V

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER
APPROVED
DATE RECEIVED (Yr., Mo., & day)

I. NAME OF INSTALLATION

B O U R N & K O C H M A C H I N E T O O L

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 2 5 0 0 K I S H W A U K E E

CITY OR TOWN

4 R O C K F O R D

ST.

ZIP CODE

I L 6 1 1 0 8

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 2 5 0 0 K I S H W A U K E E

CITY OR TOWN

6 R O C K F O R D

ST.

ZIP CODE

I L 6 1 1 0 8

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 W A R T G O W G E N E M A I N T . S U P T .

8 1 5 - 9 1 6 5 - 4 0 1 3

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 B O U R N L A R R Y K O C H L O Y D

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F - FEDERAL
M - NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION

☐ B. TRANSPORTATION (complete Item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

CHANGE OF OWNER/OPERATOR

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTE (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|------|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
| 0103 | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|----|----|----|----|----|----|
| 31 | 32 | 33 | 34 | 35 | 36 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | |
|----|----|----|----|----|
| 40 | 41 | 42 | 43 | 44 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|----------------------------------|--|-----------------------|
| SIGNATURE <i>Gene Wartgow</i> | NAME & OFFICIAL TITLE (type or print) GENE WARTGOW MAINT. SUPT. | DATE SIGNED 2/4/86 |
|----------------------------------|--|-----------------------|

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 D007 23 - 26 | 2 D008 23 - 26 | 3 F003 23 - 26 | 4 F005 23 - 26 | 5 F001 23 - 26 | 6 4226 23 - 26 |
| 7 D001 23 - 26 | 8 23 - 26 | 9 23 - 26 | 10 23 - 26 | 11 23 - 26 | 12 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 13 23 - 26 | 14 23 - 26 | 15 23 - 26 | 16 23 - 26 | 17 23 - 26 | 18 23 - 26 |
| 19 23 - 26 | 20 23 - 26 | 21 23 - 26 | 22 23 - 26 | 23 23 - 26 | 24 23 - 26 |
| 25 23 - 26 | 26 23 - 26 | 27 23 - 26 | 28 23 - 26 | 29 23 - 26 | 30 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 31 23 - 26 | 32 23 - 26 | 33 23 - 26 | 34 23 - 26 | 35 23 - 26 | 36 23 - 26 |
| 37 23 - 26 | 38 23 - 26 | 39 23 - 26 | 40 23 - 26 | 41 23 - 26 | 42 23 - 26 |
| 43 23 - 26 | 44 23 - 26 | 45 23 - 26 | 46 23 - 26 | 47 23 - 26 | 48 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 49 23 - 26 | 50 23 - 26 | 51 23 - 26 | 52 23 - 26 | 53 23 - 26 | 54 23 - 26 |
|---------------|---------------|---------------|---------------|---------------|---------------|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

K. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Robert R. Anderson

Robert R. Anderson - Plant Manager

3-20-81

| | | | | | | | | | |
|--------------------------|---|----|---|---|---|---|---|---|----|
| -- FOR OFFICIAL USE ONLY | | | | | | | | | |
| S | W | IL | D | O | D | 1 | 6 | 3 | 2 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|----------------------|--------------|--------------|---------------|---------------|---------------|
| 1 FO17 23 - 26 | 2 23 - 26 | 3 23 - 26 | 4 23 - 26 | 5 23 - 26 | 6 23 - 26 |
| 7 23 - 26 | 8 23 - 26 | 9 23 - 26 | 10 23 - 26 | 11 23 - 26 | 12 23 - 26 |

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| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 13 23 - 26 | 14 23 - 26 | 15 23 - 26 | 16 23 - 26 | 17 23 - 26 | 18 23 - 26 |
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|---------------|---------------|---------------|---------------|---------------|---------------|
| 49 23 - 26 | 50 23 - 26 | 51 23 - 26 | 52 23 - 26 | 53 23 - 26 | 54 23 - 26 |
|---------------|---------------|---------------|---------------|---------------|---------------|

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(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|--|---|--------------------------------|
| SIGNATURE <i>Robert R. Anderson</i> | NAME & OFFICIAL TITLE (type or print) <i>General Manager</i> | DATE SIGNED <i>11-18-80</i> |
|--|---|--------------------------------|